



**TRANSCRIPT**  
**PROVIDER FORUM: COVID-19**  
April 24, 2020 via WebEx

**LIFE. YOUR WAY.**

WEBVTT

1

00:00:05.815 --> 00:00:19.135 **ANDREW REESE**

Good afternoon everyone this is Dan debrief. We appear to have about almost two hundred and thirty participants at this point. So we can go ahead and get started as a reminder.

2

00:00:22.225 --> 00:00:30.204

This is being recorded and the recording along with a transcript of this will be posted on our website as soon as they're available.

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00:00:31.824 --> 00:00:42.505

Just wanted to give people a brief update to date. We have had eighty six people.

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00:00:42.505 --> 00:00:53.335

We support who have tested positive for COVID-19 and provider agencies have reported seventy five staff tested positive for COVID-19

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00:00:53.335 --> 00:01:04.135

among the people that we support fourteen have died from COVID-19 illnesses and amongst provider agencies.

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00:01:04.135 --> 00:01:17.394

There have been two deaths related to COVID-19 give some little bit of context in terms of the eighty six people who are currently diagnosed.

7

00:01:18.685 --> 00:01:29.094

Thirty-one of those folks are in the hospital. Fifteen were in the hospital and have been discharged and twenty six never required in-patient care.

8

00:01:29.635 --> 00:01:41.155

Many of them are also asymptomatic and are being monitored in their homes. We seemed to have a number of questions today. So, we can go ahead and get started with those questions.

9

00:01:44.155 --> 00:01:58.165

Good morning everyone we have several questions in regards to the Appendix K and we just wanted to share that. A transmittal would be issued next week on the appendix K rates and procedures.

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00:01:59.575 --> 00:02:04.855

So, we will not address any specific questions.



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00:02:10.134 --> 00:02:23.004

In the event, and an employee works for multiple provider agencies, and the employee has to quarantine who is responsible for notifying the other provider agencies where the employee works.

12

00:02:24.294 --> 00:02:24.745

So,

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00:02:24.775 --> 00:02:29.064

whenever anyone test positive in the District,

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00:02:29.125 --> 00:02:31.764

which also applies to the outline jurisdictions,

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00:02:32.995 --> 00:02:44.275

a report is made to the local health department and they then connect with that person and talk to the person about the necessity of self quarantining,

16

00:02:44.935 --> 00:02:54.594

the steps that they have to take to monitor their own healthcare for themselves and ensure that there's no transmission of the virus.

17

00:02:56.905 --> 00:02:59.155

The Mayor's order that was issued last week,

18

00:02:59.604 --> 00:03:05.574

also does require all provider agencies to report to the agent,

19

00:03:05.604 --> 00:03:10.134

the district agency they contract with when an employee test positive,

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00:03:11.215 --> 00:03:13.254

and to provide us that information.

21

00:03:13.675 --> 00:03:19.014

And we, after that Mayor's order was issued have coordinated with DC Health.

22

00:03:19.289 --> 00:03:29.455

So that we're working with the epidemiology unit over at DC Health to make sure that they have all the names and all of the information.



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00:03:29.455 --> 00:03:36.145

So, if there were a concern about someone who had been diagnosed with coping nineteen.

24

00:03:38.514 --> 00:03:51.685

That that was not taking the right actions we would make that report over to DC Health for follow up. On the other thing we have been doing, and we have almost ninety percent response.

25

00:03:51.685 --> 00:04:04.974

So far, I think, from our providers is making sure that we have a list of all current employees, so that we can match and have a clear idea of how many employees working more than one site.

26

00:04:04.974 --> 00:04:11.395

So that we can stay on top of that in previous meetings.

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00:04:11.395 --> 00:04:25.105

CDC indicated that providers could apply the extra supply ordering against other line items within the HCA please indicate the process of how that would be done. And if any updates are needed to ensure compliance with the HCA.

28

00:04:27.175 --> 00:04:41.904

I think that's not exactly what we said, but just to clarify for people, if the amount on a particular line item out of the ca, is not adequate for the supplies that you need.

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00:04:41.904 --> 00:04:56.334

You should be reaching out to your contract administrator also when obtaining many of the of our agencies have been working with, which provides to them at no cost.

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00:04:56.334 --> 00:05:00.235

So people should be able to obtain there as well.

31

00:05:00.235 --> 00:05:14.004

I understand providers are also getting it on their own so, to the extent the human care agreement, the cost for the year for that particular supply is inadequate. You should be talking to your contract administrator.

32

00:05:15.024 --> 00:05:16.855

Okay. We have a comment.



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00:05:16.855 --> 00:05:31.345

Thanks to all the providers and DDS for partnering and being there when other providers reach out for help it means a lot why is the dashboard being used as the tracking system now

34

00:05:31.375 --> 00:05:38.095

remind us of routine medical appointments when we all know doctors and dentists are only open for urgent,

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00:05:38.095 --> 00:05:47.125

necessary visits we have enough to manage keeping our heads above water and would appreciate another system of tracking to be considered during this time.

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00:05:47.430 --> 00:06:02.064

A dash for tracks our compliance and we are not able to time we resolve appointments and will receive a less than satisfactory rating from DDS when issues are not closed timely that are out of our control due to COVID

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00:06:02.785 --> 00:06:03.774

actually,

38

00:06:03.834 --> 00:06:07.134

and other folks to correct me if I'm wrong here,

39

00:06:07.435 --> 00:06:09.685

so if there's an appointment scheduled,

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00:06:10.134 --> 00:06:11.545

and it's on the dashboard,

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00:06:11.545 --> 00:06:11.964

all that

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00:06:11.964 --> 00:06:16.704

the provider agency has to do is contact a doctor,

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00:06:17.425 --> 00:06:18.324

as you say,

44



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00:06:18.355 --> 00:06:21.954  
most likely and this wouldn't be a hundred percent of the time.

45  
00:06:21.954 --> 00:06:28.464  
But, in most instances, the doctor would be pushing that appointment off for some time.

46  
00:06:28.824 --> 00:06:40.915  
And if they are doing that, then you enter a note saying that the doctor felt it was in the person's best interest to delay the appointment until X date due to the COVID-19 public health emergency, and the issues resolved.

47  
00:06:42.415 --> 00:06:57.175  
The dashboard I understand that it's used to track issues is the way people feel about it, but it's also a tickler system to make sure that people's routine healthcare is managed.

48  
00:06:57.535 --> 00:07:02.545  
And so it's essential that we continue to have these reminders on the dashboard.

49  
00:07:06.115 --> 00:07:18.685  
I'm wondering if the individual vs help bank balances are being monitored and updated as they become over resource. If, when they receive additional income due to the pandemic and lose their Medicaid.

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00:07:19.254 --> 00:07:25.375  
So, the issue of the stimulus checks, that will be coming out to people.

51  
00:07:26.095 --> 00:07:36.564  
Those funds are treated the same as back payments by social security and so they don't count toward resources for twelve months.

52  
00:07:36.985 --> 00:07:42.264  
And so, and, you know, providers should be working with people. They support.

53  
00:07:42.535 --> 00:07:52.285  
I'm making plans for managing the person funds to make sure that they don't get over resource at anytime, including keeping an eye when they get that twelve hundred dollars.

54  
00:07:52.285 --> 00:08:05.334



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If that's what they received on what they would want to spend those funds on. What are the various options for having that somewhere where it doesn't affect their resource levels for medicate?

55

00:08:07.345 --> 00:08:17.154

Can you please provide more clarification on the Mayor's Order to wear face masks within the home as it pertains to host home and in home support settings?

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00:08:18.415 --> 00:08:28.254

So the mayor's order that was issued last week does not apply to host homes or in home support it. It doesn't apply.

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00:08:29.550 --> 00:08:41.695

Excuse me, essentially, it doesn't apply to people's homes and so there wasn't any imposition requiring people who work as a host home provider to wear masks in a particular circumstance.

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00:08:41.995 --> 00:08:48.534

They are not being treated in this order like staff at the same time.

59

00:08:48.865 --> 00:09:03.294

We should all be reminded that there are other separate Mayor's orders out there and there's public health guidance out there from D.C, Health about when it is appropriate to use a face covering or a mask.

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00:09:04.225 --> 00:09:16.855

There's been, you can go to our website the coronavirus.dc.gov and see all the various guidance that's been issued regarding this issue that comes from DC Health,

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00:09:17.154 --> 00:09:29.965

That focuses on ensuring health and safety for everyone. So it provides recommendations and requirements for example, when going to the grocery store once required.

62

00:09:29.965 --> 00:09:30.115

So,

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00:09:30.115 --> 00:09:31.075

wear face covering,

64

00:09:33.625 --> 00:09:48.384



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and also keeping in mind the circumstances under which one must use various types of personal protective equipment there was a very thorough guidance issued by health last week that addressed a

65

00:09:48.384 --> 00:09:55.794

number of areas for providers where they are providing care and in different circumstances with the appropriate kind of

66

00:09:56.190 --> 00:10:04.674

Claw face covering and ninety five masks, surgical mask gloves. It really gives detailed information about different kinds of procedures.

67

00:10:04.674 --> 00:10:11.815

It's the staff might be doing and when different or face covering is required,

68

00:10:12.174 --> 00:10:16.855

but in terms of the question about host homes,

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00:10:16.914 --> 00:10:18.174

and in home supports,

70

00:10:18.865 --> 00:10:33.174

the Mayor's order does not address those two always remember the issue of social distancing for people who do provide in home support you should also review. There's a DC health guidance for

71

00:10:35.215 --> 00:10:42.745

human service workers regarding face covering and working in a community and it provides guidance about how to conduct those,

72

00:10:42.804 --> 00:10:44.455

how to provide those services.

73

00:10:49.644 --> 00:10:57.595

And someone has a follow-up comment if that information is already on the medical chart, and then it shouldn't be put on the dashboard.

74

00:10:59.490 --> 00:11:07.345

I'm gonna let Winslow answer that with regard to tracking the appointments. So on the.

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00:11:11.485 --> 00:11:18.445

If it was already on a medical chart, then it shouldn't be put on a dashboard. I'm really.

76

00:11:20.304 --> 00:11:31.284

Unclear with regard to that response because if it's on the, when you say medical chart, I'm not I'm not understanding that.

77

00:11:33.924 --> 00:11:35.784

We don't have a medical chart in the.

78

00:11:56.784 --> 00:12:11.394

New pressures, brown Myers round to clarify or comments high precious. Hi. Hi. Press is I was just trying to get some clarity on your. Yeah. Can you hear me?

79

00:12:11.845 --> 00:12:22.465

I can. Okay, thank you. So, in our medical chart, onto the appointments, what we do is, if the doctor, because we called the doctor ahead of time, are you gonna do a Tele visit?

80

00:12:22.524 --> 00:12:37.195

Are you gonna do a, are you going to transfer the appointment or reschedule the appointment to a later date? Whatever the information and we receive we put it in the chart in the appointment on our chart on the electronic health record in that information.

81

00:12:37.195 --> 00:12:42.174

But although that information is there, we're still seeing those things pop up in a dashboard. Okay.

82

00:12:42.174 --> 00:12:42.924

So,

83

00:12:43.585 --> 00:12:44.424

for that,

84

00:12:44.514 --> 00:12:44.845

you know,

85

00:12:44.845 --> 00:12:47.815

if you could send me the actual list of people,



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86

00:12:47.815 --> 00:12:48.835  
and we'll look at that,

87

00:12:49.225 --> 00:12:52.284  
but with regard to the question in general,

88

00:12:53.514 --> 00:12:54.475  
we can have like,

89

00:12:54.475 --> 00:12:59.424  
a system all providers don't have electronic medical records or that level of system.

90

00:12:59.424 --> 00:13:03.595  
So, right now we're unable to kind of have a system for those.

91

00:13:05.365 --> 00:13:19.075  
Who have that level of detail in their records and that our staff access because we do have people who have medical records or records that are staff access. So, thank you for that. Go into the list.

92

00:13:19.075 --> 00:13:23.274  
And I'll work with to see what we can do about those issues.

93

00:13:24.929 --> 00:13:27.384  
Thank you. Okay.

94

00:13:31.105 --> 00:13:44.245  
Two weeks ago, a question was proposed to have provider agency come together as a large group to purchase since we are all not able to buy them individually last week. There in Wholistic presentation.

95

00:13:44.245 --> 00:13:57.985  
It was mentioned that the coalition members purchase as a group for the members. Not all providers are coalition members in this pandemic is not only affecting a few, but all I wonder why this opportunity was not provided to all provider agencies.

96

00:13:58.855 --> 00:13:59.274  
So,

97



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00:13:59.304 --> 00:14:03.625

one of the services that the DC coalition of service providers,

98

00:14:03.625 --> 00:14:08.934

Had offered to its members was as a group to make that purchase and so,

99

00:14:08.934 --> 00:14:19.615

it was it extended beyond that because it was a service of the DC coalition of DC service providers that did it and so,

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00:14:19.615 --> 00:14:20.664

for non-members,

101

00:14:22.315 --> 00:14:24.384

they did not extend it to all providers.

102

00:14:24.684 --> 00:14:29.544

They do extend to all providers annually the opportunity to join the coalition.

103

00:14:33.745 --> 00:14:37.315

Okay, are there any additional questions at this time?

104

00:14:43.975 --> 00:14:57.835

Is there any obligation to disclose to a leasing company that attendant has tested positive? The COVID with the law has reported to the property management attach results and we're now being pressure to disclose.

105

00:14:59.544 --> 00:15:12.264

So, if there's a, and I don't know if DC Health is on the line unable to answer, but if there is a positive test result, it is communicated to DC, Health and health departments.

106

00:15:12.384 --> 00:15:19.554

I believe, disclose to apartment buildings, to provide notice that are not identifiable.

107

00:15:19.554 --> 00:15:31.705

But to provide notice that a person in the building tested positive so that the building is aware and can ensure that all common areas are deep, are claimed for any of us.

108



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00:15:31.705 --> 00:15:44.995

So, if for people that live in apartment buildings, or for people we support, who are in apartment buildings, I would hope that we would treat all common areas as though a person with COVID-19 had walked through them anyway.

109

00:15:45.504 --> 00:15:54.565

And, you know, to the extent possible, avoid touching surfaces, using hand sanitizer, or soap and water to wash your hands after passing through.

110

00:15:54.835 --> 00:16:03.144

Or if we have touched anything avoiding touching our face if we've touched any of them, or just avoid touching our faces generally.

111

00:16:04.710 --> 00:16:15.355

So, the threat from someone, if it is not an obligation on a person to report to anyone it's Labs.

112

00:16:15.355 --> 00:16:23.995

I believe, who report the information to DC health and then they go from there because they get the information about where the person lives who tested positive.

113

00:16:29.365 --> 00:16:42.745

I don't know, for, I don't know if I'm muted this is house on the line. This is zero Hawkins and yes, that last point is correct when we get a positive test results, the labs are reporting that to DC health.

114

00:16:44.304 --> 00:16:56.065

And, in addition, if we are prioritizing contact tracing for those in high risk populations and if that's the case, then we're notifying those individuals that they were exposed.

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00:16:56.455 --> 00:17:04.105

However, that doesn't necessarily mean that we're going to every apartment building and letting them know, unless their part of the contract tracing that we're doing.

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00:17:05.214 --> 00:17:18.894

But, yes, the, labs are responsible to report that to DC health and healthcare providers are, who get those results. But individual apartment complex are not part of that requirement to report. Thank you.

117

00:17:20.664 --> 00:17:21.204

Thank you.



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118

00:17:23.244 --> 00:17:37.825

It has been seven weeks began and I understand that you will be providing guidelines at some point next week but the third paragraph of Section F of Appendix K provides for an increase reimbursement rate for costs associated with homes.

119

00:17:37.825 --> 00:17:39.535

That had been medically quarantine.

120

00:17:40.349 --> 00:17:54.295

The section goes on to talk about the hourly rate, but there's no reference to residential supports, or supported living, which are both build as a daily rate previous budgeting, the hourly funding rate for since.

121

00:17:54.450 --> 00:18:04.404

January is fourteen, sixty five what are providers supposed to submit invoices for the enhanced rate for residential or support living?

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00:18:12.384 --> 00:18:19.615

When we send the trans middle out that includes the rates it will include the adjustment to all the daily rates.

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00:18:19.950 --> 00:18:31.134

So that people can see how those rates are affected by the adjustment that's been made for the overtime factor in the first provision that we've adjusted all the rights to account for that.

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00:18:31.494 --> 00:18:46.285

And the adjustments that are made in the so called quarantined rate as well as the quarantined overtime rate and the

125

00:18:46.315 --> 00:18:46.855

retainer.

126

00:18:46.855 --> 00:19:01.555

Right? So we will have quite a details and extensive friends middle. That will go out. They will provide all of those individual rates. Okay.

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00:19:01.585 --> 00:19:03.805

Any any additional questions.

128



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00:19:11.005 --> 00:19:21.085

Appendix K, allows for the temporary addition of emergency counseling. We'd like clarification on whether or not is the service that can be delivered.

129

00:19:22.319 --> 00:19:37.259

One of the provisions in the appendix K application referred to emergency counseling. The district did not include that in our appendix case. So that's not one of the services that's been approved by CMS for the district. Okay.

130

00:19:40.375 --> 00:19:40.674

Okay.

131

00:19:58.375 --> 00:20:11.484

Another stage, our offices are authorizing a skills training milestone because providers can't get clients beyond placement. It's a way to keep clients engaged and prepare them for work and get revenues to the provider.

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00:20:11.515 --> 00:20:16.105

Does have anything like that. Not. Exactly.

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00:20:18.325 --> 00:20:19.255

However,

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00:20:19.825 --> 00:20:22.255

as a person is referred to any of them,

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00:20:22.375 --> 00:20:25.795

we've talked a lot about sort of the milestones in terms of job development,

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00:20:25.825 --> 00:20:26.214

but,

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00:20:26.575 --> 00:20:31.134

as a person is referred to a provider for job development and,

138

00:20:31.134 --> 00:20:32.035

like you say,

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00:20:32.545 --> 00:20:44.694

job placement NYC might not be an appropriate short term goal for the person so what kinds of services would be appropriate in the interim and when the provider does,



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00:20:44.934 --> 00:20:56.875

they are initial assessment and individualized work plan or person center plan for employment.

141

00:20:59.005 --> 00:21:09.025

What they could do in there is make recommendations about what services would be appropriate for the interim.

142

00:21:09.025 --> 00:21:23.335

So that, for example, the one I gave, I think, last weekend, the week, before, if you had a person who had just finished their cosmetology, and they're interested in doing barbering or becoming a hair dresser.

143

00:21:23.335 --> 00:21:27.295

And obviously, unless they're in Georgia, they could start next week.

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00:21:27.295 --> 00:21:32.154

But in DC you're not going to be able to go get that job for quite some time,

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00:21:33.055 --> 00:21:37.404

you could make recommendations about appropriate training,

146

00:21:38.244 --> 00:21:39.654

soft skill training,

147

00:21:39.684 --> 00:21:45.295

a job readiness training that might be able to be provided in the interim.

148

00:21:45.565 --> 00:21:53.305

So that you keep the person skills up I wouldn't be curious if you could share with us this case himself, right?

149

00:21:53.484 --> 00:22:03.595

If you could share with us, where you talked about, they had milestones for training if you can share what those were.

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00:22:03.595 --> 00:22:13.224

I'd be very interested to see them, so if you could go ahead and email that information to us, I've also heard of a number of states whose BR, agencies have just closed during this time.



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151

00:22:14.065 --> 00:22:27.954

But we are very interested in continuing to work maintaining, being as active as possible and working with you to help as many people get to work who could right now and to get people back to work when this ends.

152

00:22:28.230 --> 00:22:34.224

So, if there are ideas that we haven't seen from other states, and you can share with them, I'd really be interested in looking at them.

153

00:22:36.865 --> 00:22:50.454

What are we doing with the data we're collecting and will the mayor begin to publish? This is health and wellness collecting and correlating data as the positive cases regarding symptoms interventions and positive outcomes.

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00:24:07.589 --> 00:24:12.625

A reach out of people who have tested positive in natural homes.

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00:24:12.625 --> 00:24:27.595

They're very few and we're also providing technical support to providers and or families who are supporting people who have been exposed as well as those who have not. So we have a lot of data.

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00:24:27.924 --> 00:24:38.694

We are going to be sharing that data online, not all of that data, but the data on positive cases, the data on death.

157

00:24:40.555 --> 00:24:48.295

So we do track daily and, as Winslow says, it will be shared publicly, beginning, very soon.

158

00:24:48.325 --> 00:25:00.474

And in which format will be sharing as that decision has been made at this time is going to ask, do you see health? I think you want to clarify some questions you are on mute.

159

00:25:02.724 --> 00:25:06.325

Hi, this is Victoria lobby with the DC help America coalition.

160

00:25:06.325 --> 00:25:11.575

I just wanted to clarify the question about so yes,

161

00:25:11.575 --> 00:25:22.825



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DC health is using the health and medical coalition as the kinda form to disseminate to healthcare providers in all settings.

162

00:25:23.125 --> 00:25:30.144

Just wanted to clarify that. You do not need to be a member of the D. C. helpin medical coalition to receive.

163

00:25:31.615 --> 00:25:38.845

Generally we work with our members on planning response operations related to emergency preparedness.

164

00:25:38.845 --> 00:25:47.424

And so naturally we are the lead within to have those relationships and also coordinate those resources.

165

00:25:47.424 --> 00:25:58.075

But in no way, shape or form, do you have to be a member to send us your assessment of and be considered for that distribution?

166

00:25:58.075 --> 00:26:12.595

So, if there are folks on the line that do have needs, and you are providing health services to your, your populations, you can email [coronavirus.dc.gov](mailto:coronavirus.dc.gov) And we'll send you a form.

167

00:26:12.990 --> 00:26:27.744

That's a PV assessment form where we asked you to identify your burn rate tell us the type of procedures that you're doing. So that we can evaluate if we have one availability and how much we can disseminate. So, we again, thank you.

168

00:26:27.744 --> 00:26:30.625

All for what you're doing. And.

169

00:26:31.615 --> 00:26:45.805

We thank you all for what you're doing, and please know that we are here to support you as much as we can. Thank you so much also. You don't do do not have to be a member of the clerical group to get.

170

00:26:46.434 --> 00:26:58.285

So, you can just go to type in the chat, the core current environment at [DDS.dc.gov](https://dds.dc.gov) to get the forms. Yep.

171

00:26:58.345 --> 00:27:12.204



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And, I mean, what we tell all of our members, this is not obviously guaranteed. Our supply is just as limited as everyone else's, but we want to leverage our access to the federal government supplies and want to be able to support you as best

172

00:27:12.204 --> 00:27:20.875

We can so do continue to source to continue to share amongst one another, but we are here to support if again Thank you so much.

173

00:27:42.744 --> 00:27:56.335

It seems to service coordinators and wherever units do not understand why it's important to keep the services not being provided currently so that when we can bill for retainer payments, we will be able to do. So, without delay.

174

00:27:56.785 --> 00:28:00.115

So, first of all, it has been.

175

00:28:01.464 --> 00:28:02.755

My understanding that,

176

00:28:02.755 --> 00:28:03.325

no,

177

00:28:03.775 --> 00:28:11.454

prior authorized for they had have been deleted for that purpose because we didn't know,

178

00:28:11.724 --> 00:28:19.075

and do not know when this is going be over into mass a reauthorized would not have been proven.

179

00:28:19.404 --> 00:28:33.144

So I'll look into that, but to the extent that any service coordinator is how you say confused, I would expect that you could call me and we could talk about it. We have ninety service coordinators.

180

00:28:33.144 --> 00:28:38.964

We do our best in ensuring that they all understand why we change our processes,

181

00:28:38.964 --> 00:28:41.755

what's going on there may be those who,

182



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00:28:41.934 --> 00:28:42.654  
as you say,

183  
00:28:42.869 --> 00:28:45.355  
not who are confused,

184  
00:28:45.355 --> 00:28:48.085  
but please call me at (202)

185  
00:28:48.085 --> 00:28:48.295  
730-

186  
00:28:48.295 --> 00:28:48.625  
1618

187  
00:28:48.625 --> 00:28:48.835

188  
00:28:48.835 --> 00:28:49.105

189  
00:28:49.105 --> 00:28:49.315

190  
00:28:49.315 --> 00:28:52.734  
or you can email me at [Winslow.woodland@dc.gov](mailto:Winslow.woodland@dc.gov)

191  
00:28:52.734 --> 00:28:55.555  
And I'll address the individual cases.

192  
00:29:10.434 --> 00:29:22.765  
So, there has been mention of the US COVID crisis team who is on the team and who's responding to COVID-19 and is Dr. Brown involved with all positive cases.

193  
00:31:17.430 --> 00:31:26.125  
if people want to call that a crisis team they can but we haven't formally designated our team of clinicians as a crisis team

194  
00:31:47.154 --> 00:31:47.694  
Was that the.



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195  
00:33:56.275 --> 00:33:57.984  
Request for information,

196  
00:33:57.984 --> 00:34:04.674  
and then communicate that down to the appropriate sources and when that is an issue,

197  
00:34:04.674 --> 00:34:16.704  
just please let the person know we are not intending in any way to add to your stress when we're asking for information.

198  
00:34:16.704 --> 00:34:19.074  
It's about ensuring.

199  
00:34:19.105 --> 00:34:19.554  
I mean,

200  
00:34:19.585 --> 00:34:20.485  
in most cases,

201  
00:34:20.485 --> 00:34:29.304  
I think it's about ensuring the health and the safety of the people we support and of all the employees and so,

202  
00:34:30.804 --> 00:34:31.164  
you know,

203  
00:34:31.164 --> 00:34:31.525  
if,

204  
00:34:31.644 --> 00:34:33.505  
the timeframe is too tight,

205  
00:34:33.534 --> 00:34:35.005  
just let the person know please.

206  
00:34:35.784 --> 00:34:50.244  
So that we can be more realistic. I appreciate how stressful these times are just when, if anyone's having any issues with the request that went out in the last couple of days and weeks regarding.



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207

00:34:51.929 --> 00:34:57.355

The employee coordination where list of employee please feel free to reach out to me directly if you have any issues with that.

208

00:34:57.355 --> 00:35:10.914

And we'll try to work out the best ways for my numbers two, two, seven, three, zero, one, seven, five, four again, two, two, 730-1754 or email me at Kirk.Dobson@dc.gov thanks.

209

00:35:27.775 --> 00:35:42.204

So, as I just said, if the request is being made is too onerous, just as Kirk just gave his contact information, contact him and let him know what a reasonable turnaround time is.

210

00:35:49.914 --> 00:35:51.775

Are there any additional questions.

211

00:35:54.505 --> 00:35:56.605

Please type in the chat box.

212

00:36:18.235 --> 00:36:22.405

Can you update us on the front line testing? How will it be rolled out?

213

00:36:23.994 --> 00:36:35.545

Not yet Winslow can speak to it because he's working closely with the person or reaching out to and working with DC Health and the person from the public health Labs.

214

00:36:35.545 --> 00:36:44.965

But, I don't know if I mentioned now, we have the two calls, so I forget what I've set on, which one the Mayor did change.

215

00:36:45.269 --> 00:36:53.335

There was a change this week in DC, Health guidance and the Mayor spoke about it on Wednesday regarding testing.

216

00:36:53.724 --> 00:37:08.605

So that up until this week testing in the District was only for people who are symptomatic, but in the Mayor's press conference on Wednesday, she spoke about providing testing for people who are asymptomatic.

217

00:37:08.755 --> 00:37:16.014



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But it was for high risk populations who are asymptomatic and have had a contact.

218

00:37:16.525 --> 00:37:29.425

And so we immediately then reached out to DC health and we are working with them and the public health lab. So that we can figure out for our side. And then we're going to be reaching out to all the providers.

219

00:37:29.664 --> 00:37:43.135

So that together, we can identify who all would fall in that category of high risk. And so that we can move forward with getting all of those. All of those people we support tested.

220

00:37:44.514 --> 00:37:55.315

The testing for people who are not symptomatic, did not expand to include employees that worked directly with people for them.

221

00:37:55.315 --> 00:38:00.594

It's still only test testing is only provided for those who are symptomatic.

222

00:38:07.885 --> 00:38:22.855

I know our providers will typically assist clients and taking them to job interviews and so forth. However, during a pandemic, our providers still being asked to provide transportation to clients. Even if team members are not comfortable in doing.

223

00:38:22.855 --> 00:38:36.054

So, at the moment. No, and they shouldn't be in please tell me if they are because you know it what we have said, and there's the guidance for employment providers on our website.

224

00:38:36.715 --> 00:38:41.335

I don't think it gets to this level of detail, but certainly

225

00:38:42.594 --> 00:38:52.135

The underlying idea in all of our guidance is following the public health guidance that we have received about ensuring everyone's safety,

226

00:38:52.315 --> 00:38:58.974

which means following social distance guidelines.

227

00:39:00.719 --> 00:39:06.474



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You know, I guess there's the possibility that you could drive someone somewhere. As long as both of you wore face covering.

228

00:39:09.235 --> 00:39:24.054

We're not asking people to do that, and I think it's reasonable for someone to defer doing that the question I would have quite frankly is if part of a person's plan to get a job.

229

00:39:26.215 --> 00:39:38.545

So, if a person is going to get a job in a particular location, and that person independently can't travel to that location for the job interview, how would they be traveling to that location to begin employment?

230

00:39:39.054 --> 00:39:53.545

And so I think that would get to even their readiness to start employment right now. But, yeah, what we have said is that, to the extent that services can be provided in a manner that is safe because.

231

00:39:55.735 --> 00:40:08.815

It well, maintaining social distancing doing remote services to the extent that you can, then they should continue, but no one is expecting you to be doing on the ground job development with people at this time.

232

00:40:18.085 --> 00:40:25.525

We do have a number of our staff who are on this call, including I know the deputy for is on the call.

233

00:40:25.614 --> 00:40:35.364

I don't see all the folks who have called in, but I do know that when we have these calls that the communication that's shared in the calls is then shared also, with all of our staff.

234

00:40:49.855 --> 00:40:55.074

We've unmuted, Darrell, Evans and deputy of say, if you wanted to add anything.

235

00:40:56.994 --> 00:41:10.614 **DARRYL EVANS**

I would just let go what Andy had just alluded to. And again, when we're talking about the transportation, we certainly are talking about using the social distancing platform.

236

00:41:10.795 --> 00:41:12.114

It is appropriate.



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237

00:41:13.105 --> 00:41:14.335

And to the extent,

238

00:41:14.364 --> 00:41:18.775

you're being asked to provide any solutions to transportation,

239

00:41:19.045 --> 00:41:21.804

which will be reimbursed by us we're talking about,

240

00:41:21.804 --> 00:41:25.105

in the context of maybe a metro card,

241

00:41:25.135 --> 00:41:29.034

or some other transportation that is still within the realm of doing this.

242

00:41:29.514 --> 00:41:39.625

I would provide my name and number in the chat box. If you have any direct questions we had a team meeting, and we reinforce this again in our meeting this morning.

243

00:41:39.625 --> 00:41:47.335

So, if you're getting contradictory information from any of these staff, please feel free to reach out to me. And my information will be in the chatbox.

244

00:41:51.985 --> 00:41:52.885

Thanks, Sarah.

245

00:41:54.804 --> 00:41:58.284

Why is going forward in the midst of this pandemic?

246

00:42:01.135 --> 00:42:13.105

So needs to continue because you still, we still have to make sure providers are, you know, we start to get those measures in on a quarterly basis, according to the schedule that your is assigned. We still need to make sure you meet your goals.

247

00:42:13.105 --> 00:42:26.934

Especially sort of people that you serve, so must continue and we will continue to do that. In addition, as I think, as you mentioned before, we'll continue our environmental reviews, because we have to make sure that we maintain and health and safety standards within each facility.



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248

00:42:27.239 --> 00:42:31.195

So those two reviews will continue from clot mode during the course of this emergency.

249

00:42:46.045 --> 00:42:56.755

Are there any plans of discussions to include staff and the testing? They are doing this all over the country we will not mitigate the virus and so we get this in place. How can we help get someplace?

250

00:42:59.664 --> 00:43:10.614

I'm hoping that DC health perhaps would like to address this. I don't know if we have the folks from EPI.

251

00:43:12.414 --> 00:43:22.614

Alright, this is a dental hoc enzyme. We are part of the epic team so looking at the question. Yeah.

252

00:43:22.614 --> 00:43:37.255

So, if again, if if somebody is, we are with the mayor's orders, we are now being able to Emily. Perfect Emily Blake is here, who is the head of our team?

253

00:43:37.255 --> 00:43:42.715

So, it is a perfect timing. The question Emily is about, including stuff and testing.

254

00:43:44.909 --> 00:43:55.255

And what are our plans on? Do you see how that would be on the testing for staff? And I was about to talk about symptomatic and asymptomatic and how things have changed, but maybe you could speak to them. Sure.

255

00:43:55.255 --> 00:44:09.235

So I guess so right now, so DC Health no longer approves it or we're no, you know, facilities no longer have to seek approval from DC health to do testing through the DC public health lab. So, it's the same way. You can use the DC public health lab the same way.

256

00:44:09.235 --> 00:44:23.275

You would use a commercial lab. So you just work directly with the lab. I will say, from an epidemiological standpoint, we, you know, temporary asymptomatic residence, you know, makes that makes sense.

257



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00:44:23.304 --> 00:44:32.724

Then, you understand how to cohort the residents, and you can, you know, maybe better anticipate, you know, meeting Pre, symptomatic infection with staff.

258

00:44:33.420 --> 00:44:45.505

I would say tread lightly that, you know, the main reasons, if you test and their negative, it's still really important that you still continue to monitor them extremely closely and likewise. With residents.

259

00:44:45.505 --> 00:44:56.994

But, you know, with staff, we just don't want everyone to get a false sense of security that if they have a staff member test negative, that they might software, and then they might become less vigilant about their mask or monitoring their own symptoms.

260

00:44:56.994 --> 00:45:11.065

So, you know, staff a lot, I think it a little more difficult because the staff are going in and out of community whereas the residents are staying in the home. So, I guess, you know, I guess I just, I would just tried cautiously with testing stuff.

261

00:45:12.239 --> 00:45:14.454

And then crushes one more thing,

262

00:45:14.454 --> 00:45:15.804

I was going to consider yeah,

263

00:45:15.804 --> 00:45:16.074

I mean,

264

00:45:16.074 --> 00:45:18.114

it's ultimately it's at your discretion,

265

00:45:18.505 --> 00:45:27.264

who you all want to test also as far as supplies go keep in mind that there's a shortage of testing supply and reagents a time.

266

00:45:27.719 --> 00:45:36.175

So DC public health lab, they're only going to be distributing a maximum of ten. I guess we'll call them swap material kits at a time.

267

00:45:36.750 --> 00:45:49.554



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So, you know, it's going to be very burdensome for you to have to constantly be requesting kits or, you know, just keep in mind is give me a lot of logistical burden with just doing, like, mass screening of staff as well.

268

00:46:15.144 --> 00:46:24.625

Any other questions please type that in a chat box.

269

00:47:18.480 --> 00:47:30.414

Okay, it appears that we are finished with questions once again I do want to thank all of our providers.

270

00:47:30.804 --> 00:47:38.934

Who really I mean, I, you know, you mentioned in one of your questions about, you know, please limit how much you're asking from us.

271

00:47:38.934 --> 00:47:48.864

Because of what, a stressful time and a challenging time, this is for you and we do recognize that for you.

272

00:47:48.864 --> 00:48:00.925

And for all the people that work for your agency, in terms of really trying to get through this and keep the people that all of us are here to support healthy through this whole

273

00:48:01.230 --> 00:48:16.224

public health emergency please communicate to them how much we appreciate their dedication because it really is amazing the level of dedication that staff have to continue this work throughout this public health emergency and

274

00:48:16.224 --> 00:48:17.125

it is,

275

00:48:17.335 --> 00:48:20.454

it does not go unnoticed at all.

276

00:48:20.485 --> 00:48:34.735

It is really appreciated entities, you know, at all levels, people are aware of the dedication of the staff to ensuring the health and the safety of the folks, the very vulnerable folks that we support. So, thank you.

277

00:48:35.094 --> 00:48:37.284

And we will talk to you again next week.